

EQUIPMENT AND PROPERTY COMPLAINT FORM
(Refer to Rule 35.13)

Company Name: _____ Company License Number: _____

Company Address: _____
Number & Street City State Zip

Company Telephone: _____ Company Fax: _____
Area code + Number Area code + Number

Name of Licensed Manager: _____

Email: _____

Subject of Complaint: _____
Last Name First Name

Subject Social Security Number: _____

Address of Subject: _____
Number & Street City State Zip

Telephone Number of Subject: _____
Area code + Number

Date of Employment: _____ Date of Termination: _____

List the items that have not been returned:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Texas Department of Public Safety
Private Security Bureau
PO Box 4087, Austin, Texas 78773-0001
www.txdps.state.tx.us

The above statements are true and correct

Affiant, _____

SWORN TO AND SUBSCRIBED before me on the _____ day of _____,
A.D._____.

Notary Public, State of Texas

Notary's printed name:

My commission expires: _____

NOTE: This complaint will not be accepted or investigated without documentation of the employee's receipt of the equipment. Such documentation must be attached to this complaint.